



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/25/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000024182

FACILITY NAME -> VACANT BLDG - TOWNSEND PROPERTIES LTD

MAILING ADDRESS -> 2 MONTGOMERY ST  
JERSEY CITY, NJ 07306

INSTALLATION ADDRESS -> 2 MONTGOMERY ST  
JERSEY CITY, NJ 07306

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: CIVIDINI, VICTOR  
PROJ MANAGER  
VACANT BLDG - TOWNSEND PROPERTIES LTD  
2 MONTGOMERY ST  
JERSEY CITY, NJ 07306

ALL SECTIONS MUST BE COMPLETED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. expires 6-31-93  
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete Item C)

C. Installation's EPA ID Number

NJR000024182

## II. Name of Installation (Include company and specific site name)

VACANT BUILDING

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street MUST HAVE BUILDING NUMBER OR ADDITIONAL DESCRIPTION

2 MONTGOMERY STREET

Street (continued)

City or Town

JERSEY CITY

State

ZIP Code

NJ 07306

County Code

County Name

HUDSON

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 MONTGOMERY ST.

City or Town

JERSEY CITY

State

ZIP Code

NJ 07306

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

CHIVINDINI VICTOR

Job Title

Phone Number (area code and number)

PROJECT MGR. 201-333-2154

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☐
☒

2 MONTGOMERY ST.

City or Town

JERSEY CITY

State

ZIP Code

NJ 07306

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

(LANDLORD)

TOWNS END PROPERTIES LTD. PART.

Street, P.O. Box, or Route Number

210 W. PENNSYLVANIA AVE RM. 700

City or Town

TOWSON

State

ZIP Code

MD 21204

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

410-321-1900

☒

Yes

No

FROM: JACOB HOYT, EPA REGION 2, 290 BROADWAY  
NYC NY 10007-1866 22ND FLOOR

Copy to Clean Air  
5/20/88  
Call Pote 201 332 1500

U.S. EPA  
AGENCY  
98 MAY 21 1993



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions) **ONLY FOR**
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below) **ONLY FOR**
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature **ORIGINAL OF GENERATOR**

Name and Official Title (type or print)

TOM COCRAN PORT. MGR.

Date Signed

05/19/98

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)